

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060059</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CUTHBERTSON VILLAGE AT ALDERSGATE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3800 SHAMROCK DRIVE CHARLOTTE, NC 28215</b>		
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C 000	Initial Comments  Report of a Biennial Construction Survey by Ed Miller and Bob Getchell on December 10, 2015.  Records indicate this facility was Licensed on November 9, 1999, serving 45 Special Care residents. Therefore the facility must meet the 1996 Rules for the Licensing of Adult Care Homes, the 1996 North Carolina State Building Code; Section 409 Institutional Occupancy - Group I, and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds.  Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;  This Rule is not met as evidenced by:	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	Continued From page 1  1. Based on observation, the Building did not meet the NC State Building Code at the time of construction or alteration, by not having adequate fire protection systems protecting the openings through fire-resistance-rated construction. This could affect all residents, staff and visitors if smoke/fire is not contained in the Fire Compartment of origin. Findings on December 16, 2015: a. A Wing Housekeeping - One of the ducts penetrating the smoke barrier was not equipped with a smoke damper, and none of the exceptions permitting this omission were identified. It appeared the penetration had been modified because approximately 3 feet of the duct insulation had been removed and half of the flashing had been removed.  2. Based on observation, the Building did not meet the NC State Building and Fire Codes at the time of initial Licensing, by not having adequate installed fire protection equipped. This could affect all residents, staff and visitors by not having the required fire protection equipment during an emergency. Findings on December 16, 2015: a. Exit near Bedroom 1D - the maximum travel distance from this point to the nearest portable fire extinguisher had been exceeded by about ten feet,	C 101		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and	C 166		

Division of Health Service Regulation

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C 166	Continued From page 2  hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path in the corridors to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on December 11, 2015: a. Construction Area - some of the exits from A Wing, B Wing, and C Wing discharge through a construction area before getting to the outside. The path through the construction area was obstructed with equipment and material in the path of egress. Deficiency corrected before Construction Surveyors departed Site. b. B Wing - the exit into the construction area was being obstructed with carts, wheel chairs and popcorn machine,	C 166		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation and testing, the	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 3</p> <p>Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination.</p> <p>Findings on December 11, 2015:</p> <p>a. Construction Area - the egress path through the construction area did not have emergency lighting,</p> <p>2. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated wall construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or Compartment of origin.</p> <p>Findings on December 11, 2015:</p> <p>a. Mech Room near Bedroom 5D - there was a hole in the corridor wall ,</p> <p>b. Smoke Barrier Walls in A, B, &amp; C wings - there were many open penetrations in these walls some appeared to be new.</p> <p>c. Mech Room 1113d - there was a hole in the corridor wall,</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the exit signs did not work properly or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency.</p> <p>Findings on December 11, 2015:</p> <p>a. Exit near Bedroom 1D - the exit sign did not work on backup power when tested,</p> <p>b. Exit near Bedroom 4D - the exit sign did not</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>work on backup power when tested, c. Exit near Bedroom 11D - the exit sign did not work on backup power when tested, d. Exit near Bedroom 1 9D - the exit sign did not work on backup power when tested, e. Exit near Mech Room 1040D - the exit sign did not work on backup power when tested,</p> <p>4. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated ceiling construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on December 11, 2015: a. Kitchen Areas in A, B &amp; C wings - there many penetrations through the fire-resistance-rated ceiling assemble,</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on December 11, 2015: a. Bedroom 32D - the corridor door does not latch because the door hits the floor and will not close when using normal closing force.</p> <p>6. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all</p>	C 189		

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C 189	Continued From page 5  residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on December 11, 2015: a. Bedroom 7D - the Corridor door was blocked open with a brick,  7. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the fire-resistance-rated construction. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on December 11, 2015: a. C Wing Exterior Soiled Linen - the fire sprinkler escutcheon plate was missing,	C 189		
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by:	C 199		

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C 199	Continued From page 6  1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on December 11, 2015: a. Bedroom 12D - the exhaust ventilation system did not work, allowing a build-up of odors, b. Laundry in B Wing - the exhaust ventilation system did not work, allowing a build-up of odors, c. Bedroom 27D - the exhaust ventilation system did not work, allowing a build-up of odors, d. Laundry in C Wing - the exhaust ventilation system did not work, allowing a build-up of odors,	C 199		